| PATENT APP ATION FEE DETERMINATION REC | | | | | | | | | Application or Docket Number | | | |
|--|--|---|--|-------------------------------------|---------------------|--------------------------------------|-----------|--|------------------------------|----------------------|--|------------------------|
| | · | CLAIMS | • | (Column 1) (Column 2) | | | | SMALL ENT | | OR | OTHER SMALL | THAN |
| U.S | . NATIONAL | STAGE FEES | · | | | | | RATE | FEE |] | RATE | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LAR | GE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | FEE |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50/\$ 100 | | | ther situations = 100/\$ 200 | | EXAM, FEE | | | EXAM FEE | 200 |
| Search fee | | | U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400 | | All of | ther situations = :: 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE | FOR EXTRA | SPEC. PGS. | min | us 100 = | | 150= | | X \$ 125 = | | | X \$ 250 = | |
| TO | AL CHARGEA | BLE CLAIMS | / minus 20 = | | | | | X \$ 25 = | | OR | X \$ 50 = | <u>-</u> |
| סאו | EPENDENT CL | AIMS . | 2 minus 3 = . | | | | | X \$ 100 = | | OR | X \$ 200 = | - |
| MUI | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | | +\$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" i | | | | | | dumn 2 | | TOTAL | | OR | TOTAL | and |
| AMENDMENTA | Total Independent | (Column 1) CLAIMS REMAINING AFTER AMENDMENT LOCATION OF M | Minus / | (Column HIGHE NUMBER PREVIOU PAID F | on 2) ST ER JSLY OR | (Column 3) PRESENT EXTRA | | SMALL E RATE X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. | ADDI- TIONAL FEE | OR OR OR OR | OTHER SMALL E RATE X \$ 50 = X \$ 200 = + \$ 360 = | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOU PAID F | st er usly | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | s | Ī | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent . | • | Minus | *** | | s | I | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +\$ 180 = | | OR | +\$360= | V | |
| | • | | • | | | | _ | FEE | | OR | TOTAL ADDIT. FEE | |
| ** | If the "Highest Nu | imn 1 is less than th imber Previously Pai imber Previously Pai | d For IN THIS SP | ACE is less | than 20 | 7. enter "20". | | | | • | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.